

Health Consequences of Infection with Multi-Drug Resistant and Pan-Susceptible *Salmonella* Newport Reported to FoodNet – United States, 2002-2003

R. A. Devasia 1 , J. K. Varma 2 , J. M. Whichard 2 , S. Gettner 3 , A. B. Cronquist 4 , S. Hurd 5 , S. D. Segler 6 , K. E. Smith 7 , D. Hoefer 8 , B. Shiferaw 9 , F. J. Angulo 2 , T. F. Jones 10 , and the EIP FoodNet Working Group;

1 Tennessee Department of Health/Centers for Disease Control and Prevention, Epidemic Intelligence Service, EPO, Nashville, TN, 2 Centers for Disease Control and Prevention, Atlanta, GA, 3 California Emerging Infections Program, Oakland, CA, 4 Colorado Department of Public Health and Environment, Denver, CO, 5 Connecticut Emerging Infections Program, New Haven, CT, 6 Georgia Emerging Infections Program, Atlanta, GA, 7 Minnesota Department of Health, Minneapolis, MN, 8 New York State Department of Health, Albany, NY, 9 Oregon Department of Human Services, Portland, OR, 10 Tennessee Department of Health, Nashville, TN.

Background Multidrug-resistant strains of *Salmonella* Newport (MDRAmpC) resistant to nine antimicrobial agents and with decreased susceptibility to ceftriaxone have become more common in the U.S. These strains accounted for 25% of *S. Newport* isolates reported to the National Antimicrobial Resistance Monitoring System in 2001. We examined whether MDRAmpC strains cause more severe illness than pansusceptible strains.

Methods In 2002-2003 FoodNet conducted a telephone case-control study of *S. Newport* in eight sites. We interviewed and abstracted hospital records of patients with non-outbreak associated *S. Newport* infection. Isolates underwent antimicrobial susceptibility testing according to NCCLS guidelines. We compared people with MDRAmpC strains (ceftriaxone MIC 4-32 mcg/ml) to those with pansusceptible strains.

Results Data were available from 28 MDRAmpC and 108 pansusceptible cases during the 12-month study period. MDRAmpC patients more often had an underlying immunosuppressive condition, such as HIV, steroid use, or an organ or bone marrow transplant, than patients with pansusceptible strains (21% and 8%, respectively, OR 3.0, 95% CI 0.8-10.6). Median duration of diarrhea was 7 days in both groups. Of MDRAmpC patients, 18/26 (69%) required intravenous fluids, compared with 42/107 (39%) pansusceptible patients (OR 3.5; 95% CI 1.3-9.8); hospitalization was required in 13/28 (46%) and 31/108 (29%) patients respectively (OR 2.2, 95% CI 0.8-5.5). Median duration of hospitalization was 4 days (range 1-7) for MDRAmpC and 3 days (range 1-58) for pansusceptible patients ($p=0.4$). Of MDRAmpC cases, 20/26 (77%) were treated with an antibiotic, compared with 71/108 (66%) pansusceptible cases (OR 1.6, 95% CI 0.5-4.8). Of the MDRAmpC cases only 1/20 (5%) received an antibiotic to which their isolate was resistant. No patients in either group died.

Conclusions Patients with multidrug-resistant *S. Newport* infections tended to have more severe illness than patients with pansusceptible infections, possibly because resistant infections occur disproportionately in those with co-morbid medical conditions. Efforts should be made to reduce transmission of resistant *Salmonella* .